

## City of Lansing Office of the City Attorney

## Claim Form – Special Assessments

Please provide the following information so we can contact you regarding your claim. NAME: MAILING ADDRESS: STATE: ZIP CODE: **TELEPHONE:** Home ( )\_\_\_\_\_ Work ( )\_\_\_\_\_ Please provide the following information on the incident(s) for which you are filing a claim. IF YOU DO NOT PROVIDE ALL OF THE INFORMATION BELOW, WE MAY NOT BE ABLE TO PROCESS YOUR CLAIM. ADDRESS: \_\_\_\_\_ PARCEL NO. DATE OF INCIDENT: AMOUNT YOU WERE BILLED: TOTAL AMOUNT YOU ARE CONTESTING: TYPE OF ASSESMENT: \_\_\_ Please give a detailed description of the circumstances surrounding the incident, including why you feel the City should not have charged you this fee. You may attach additional pages or documentation to this form as needed.

A description of the claims review process is available on our website at: http://www.lansingmi.gov/attorney/Claims\_review\_process.jsp